

## LEAVE POOL DONATION FORM

Employee Name \_\_\_\_\_

Personnel Number \_\_\_\_\_

Employee's Division/Department \_\_\_\_\_

Please transfer the following amounts of leave from the accounts specified to the Department Leave Pool:

Hours Annual Leave Donated: \_\_\_\_\_

Hours Sick Leave Donated: \_\_\_\_\_

*(I understand that I may donate no more than one half of the Annual or Sick leave earned for the current year at the time of donation and that I must retain a balance of 15 days Sick leave in order to donate Sick leave.)*

Date of Donation: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

Thank you for your donation!

Forward this completed form to the Office of Human Resources,  
Attention: Jennifer Berry, P.O. Box 1993, Blythewood, SC 29016.

This portion to be completed by the Office of Human Resources:

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Rev. 6/30/2014